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ABSTRACT

This presentation explores the needs of young children in terms of new knowledge that illuminates the principles by which children's needs and rights can be gauged and described. These principles remain relatively unchanging at various developmental periods and in differing social-historical-cultural and ethnic contexts. After a brief introduction, discussion focuses on the development, needs and rights of children of low-income, single, working parents who require substitute care and day care for their infants. Discussion explores implications of the historical change in the status of children, from being viewed as possessions of their parents to being viewed as members of a socially "cherished" group. Concluding remarks identify hazards facing child experts and researchers who are acting as advocates for the best interests of children. Approximately 30 references are cited. (RH)

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CHILDREN'S RIGHTS AND NEEDS IN THE LIGHT OF NEW RESEARCH

Al J. Solnit

The First Milton and Eleanor Fromer Lecture
on Early Childhood Education

March 6, 1986

PS 017756

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The Milton and Eleanor Fromer Lectures
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1. Prof. Al J. Solnit, March 6, 1986
   Children's Rights and Needs in the Light of New Research

CHILDREN'S RIGHTS AND NEEDS IN THE LIGHT OF NEW RESEARCH

AL J. SOLNIT

Introduction

Usually, children's rights and needs converge and are not a source of conflict. Thus, the child's need to have adequate care and nurture is most commonly matched by the child's right to feel wanted and cared for on a permanent basis. How this convergence is achieved rests on the preferences and life style of the parents, reflecting the cultural and historical context in which these choices are made. Thus, we assume that "So long as the child is part of a viable family, his own interests are merged with those of the other members. Only after the family fails in its functions should the child's interests become a matter for state intrusion" (Goldstein, Freud & Solnit, 1979).

It is the parents who carry out those functions of affectionate care in which the child's need for continuity and the child' right to be protected from threats in his environment can be orchestrated in a wide variety of child rearing patters.

In this presentation, in honor of Milton and Eleanor Fromer, the abiding needs of young children are explored against the background of a rapidly changing human world in which the rights and needs of children are a moving target in their differing manifestations, but in which a core or nucleus of newer knowledge enables us to understand the relatively unchanging principles on which we can guage and describe children's needs and rights at different developmental periods and in differing social-historical-cultural and ethnic contexts. Those principles can or should be available to guide us in protecting children against deprivation, disruption and trauma or destruction.

In Israel and most other nations of the Western World, children's needs and rights under conditions of peace can be commonly grouped. Parenthetically, it is very difficult but not impossible to adapt these principles to the conditions of man-made or natural catastrophes as witness how children's needs and rights have recently been shattered in the Iran-Iraq War or were difficult to maintain in the cataclysmic earthquake that struck Mexico city. Even under conditions of relative peace and natural stability, children's needs and rights are frequently frustrated or threatened by: (1) family break-up (divorce); (2) the urgent need for parents to work, as highlighted by the rapid increase of low-income single working parents (usually mothers); (3) the increase in teenage pregnancies in unmarried girls; and (4) by accidents and abuse.

There are many other threats to the needs and rights of children, especially the younger ones, but the above four conditions outstrip all the others in developed nations.

New research has confirmed and extended certain aspects of how children mature and develop, illuminating in what ways nature and nurture interact to produce vulnerability and invulnerability, and how young children and their parents relate to each other over time in promoting or threatening sound development in childhood and in parenthood.

In the light of the new research on how children mature and develop, especially as sound development is jeopardized by any one of the above four conditions (divorce, low income single working parents, pregnancies in unwed teenagers, and intended or accidental violence) or their combination, we are confronted by an awareness of what our priorities for children are and should or could be. This confrontation is a daily experience for many of us in the context of the question, "What is in the best interests of the child?"

New research affirms the importance of the child's need for a continuity of affectionate, safe care and protection by parents who want that child -- this is dramatized in placement conflicts following a family break-up, as in divorce or as in child-abuse cases. (See Goldstein, Freud & Solnit, 1979).

However, there is mounting disagreement in research findings and reports about the advantages and disadvantages of substitute care for young children as in infant day care. These disagreements are complex and subtle, and discourage the efforts to achieve a constructive national policy about such matters as maternity leave or adequate tax-dollar subsidies to enable low-income parents, especially single, working parents, to have adequate day care or other substitute care for their young children. A major reason that such controversies, which could and should be productive, are in fact discouraging, is

that adults, especially legislators and other government leaders feel that national military security is more important than infant and toddler security. For example, if there is disagreement about the risks faced by children, there is the willingness to gamble with young children at risk that would never be considered in any equivalent way for adults' well-being or national defense security. Perhaps clinical scientists and child development experts should be apprehensive about the following formulation: "Disagreement among experts about young children is used as a rationalized basis for lowering priorities and standards of care and resources for those children; whereas, controversy about what is necessary for defense purposes or for passenger safety in air travel is used to improve standards and to increase resources." (Solnit, 1980).

Finally, although we have improved epidemiological data about teenage pregnancies and about accidents, our research has not provided us with penetrating insights into why they occur and how they can be prevented, except as mechanical problems to be solved through providing more and improved contraceptives and in law enforcement of safety standards in toys and medicine bottles and about driving automobiles while under the influence of alcohol. These improved mechanical and law enforcing safety measures, however, do not advance our understanding about the psychological determinants of these accidents, i.e., why people do or fail to do what will be in their best interests and in the best interests of those who suffer from such destructive behavior. So, for instance, those who have automobile accidents while under the influence of alcohol, have failed to take charge of their lives.

In all these risks to life, the psychological determinants must be illuminated and understood if we are ever to move effectively toward the prevention of these threats to child life and well-being, i.e., to optimize the ways in which we can meet children's needs and assure them of their rights.

The Child's Development

Born helpless, an infant develops and grows in a social setting which, in order for him to survive, requires that an adult provide nurture, regulatory and filtering functions, and constructive expectations that are the basis for socializing the child into a particular human community. The infant's helplessness becomes a powerful stimulus that evokes the nurturing care and protection of the adult who has become a parent. As the child matures and as earlier care is associated with the child's developmental progress, the parents find satisfaction and fulfillment that evoke sustained continuity of affectionate care of the child by the ordinary devoted parents (Winnicott, 1957). These parents gradually and intuitively enable the child to become more active in mastering daily and developmental tasks. Thus the child's competence emerges from this mutuality of parent-child relationship (Erikson, 1964). How successfully he develops this competence is largely based on the care provided him by parental adults and older siblings, themselves a family unit, who to one degree or another, are representatives of that community. Erikson (1964) has put it well:

> "While far removed from any measure of mastery over the physical world [the newborn] is endowed with an appearance and with responses which appeal to the attending adults' tenderness and make them wish to attend to his needs and which in making adults care, stimulate their active caretaking. Defenseless as babies are, they have mothers at their command, families to protect the mothers, societies to support the structure of families and traditions to give a cultural continuity to systems of child care and training. All this is necessary for the human infant to evolve humanly, for his environment must provide that outer continuity which permits the child to develop his capacities in distinct steps and to unify them."

We further assume that under the crucial impact of these early environmental influences, the biological and social factors are uniquely combined in and mediated by the individual child to form his particular personality. This mediating capacity is itself a product of the child's biological makeup and environmental experiences. The hypothetical mental agency that is responsible for these mediating and integrating functions is the ego. The parent is the auxiliary ego until the child's ego capacities develop sufficiently to take these mediating, regulating functions. With the ongoing development of the ego, the child perceives, registers, stores, and reacts to the patterns of his experiences and needs in a manner that normatively enables him to develp a useful memory and to differentiate his social environment from his internal or mental representations and experiences.

This capacity for differentiating an inner psychic life from his or her social experience enables the child to develop other capacities that are essential for mental and social development. Included in these later developments -- starting in infancy but becoming crystallized in later life -- are the maturing capacities for thinking logically and remembering selectively, and for finding those alternative pathways that lead to gratification, problem-solving, and adaptation. These are discernible consequences of the child's gradually dawning capacities, after infancy, to harness his instinctual energies for learning, for expressing his ideas, and for developing his repertoire of affects -- including humor, sadness, joy, and concern (empathy). Thus the child becomes increasingly able to provide for his own needs and his rights are assured by how the parents increasingly take into account the child's preferences as he develops. At the same time, the ordinary devoted parent does not "abandon" the child to his rights by burdening him with the responsibility for decisions that he is not yet capable of making soundly or of taking responsibility for.

A normative instance of vulnerability risk balance can be presented in terms of alternate patterns of infant-parent interaction: when a young child is fussy, i.e., when an infant in the first 3 or 4 months of life is uncomfortable and cries incessantly for 1 to 3 hours each evening, the child is suffering from paroxysmal fussiness. As the following indicates, the normative behavior of one infant may be experienced by one adult as healthy, another as sick, and by yet another as violent.

1. One parent or set of parents who have read about such fussiness as part of normal behavior will experience the crying and irritability as normative; they will rock, soothe and stay with the child patiently and feel competent as parents. Their child is normal. The child's transient developmental difficulty (vulnerability) is mastered with soothing, loving care of exhausted, competent parents.

2. Another set of parents, who have not heard about fussiness but know their child is basically healthy will experience the fussy behavior as an intercurrent illness and will call the pediatrician or discuss it with the visiting nurse. They are prepared to understand and use the doctor's or nurse's explanation once they are reassured that their child is healthy, not ill.

3. Yet another parent or set of parents whose dependency needs are great and who fear the demands of an infant will experience the fussy baby as a violent, demanding tyrant. They will feel their own survival is at stake as they lose sleep and control of their lives. Such parents, feeling tyrannized and that their freedom is threatened, may get into a vicious cycle in which the infant's fussiness evokes tense, non-soothing responses by the parents which in turn sustain or elaborate the fussiness. At an extreme, such normative behavior in a high-risk environment can culminate in parental abuse of the infant.

Other, more specific clinical situations are as follows:

1. A 5-month-old boy had been born with an incomplete esophagus. His parents were poor, relatively uneducated and frightened that this fourth child was a bad omen. The first stage of surgical correction had been successful but the child

was beginning to show signs of maternal deprivation associated with hospitalization. Although the parents visited their son for an hour each day, they were apprehensive about holding him and had not yet learned how to feed him through the opening (stoma) that had been constructed in his neck to bypass the esophagus. The next surgical procedure to correct the congenital defect had been planned to take place when the child was 12 to 14 months old. A sharp disagreement existed among the neonatologist, pediatrician and pediatric surgeon regarding the decision to be made: to retain the child in the hospital or to take the risk of discharging him to his parents until he was old enough and big enough for the next phase of surgery. The conflict was resolved when the pediatric surgeon and public health nurse insisted that they could help the parents take care of the child at home and provide hospital back-up if he developed an infection or complication of the stoma. They also argued persuasively that no one could replace the parents in the baby's care. Over the next months, with the sustained support and guidance of the nurse, the parents were enabled to take over the care of their child, to give him his place in the family as a wanted child, to foster his recovery from his deprivational state -- and to regain confidence in their own skills as parents.

2. A 16-month-old girl was brought to the child development clinic by her parents because they thought the pediatrician might be glossing over her slowness in language development. The child had been born prematurely with a low birth weight, requiring that she remain in an incubator and in the hospital for 10 days after her mother had been discharged. During her first months at home the parents had worried about

her fragile appearance. They had often stayed awake at night, fearful that the baby would stop breathing. The baby did not seem to have a good appetite and was generally quiet and undemanding. Because of the parents' apprehension about their child's responsiveness and slowness in developing language, the pediatrician arranged for a hearing test. When her hearing was found to be within the normal range, a developmental consultation was requested. The development assessment showed that girl was at the lower limits of normal in all sectors -- gross and fine motor ability, adaptive behavior and social responsiveness. Her language comprehension score was similar but she was a bit slower in language production. The consultant thought that the child's motivation to speak was low because of the quality of the parent-child relationship: the mother thought her daughter was all right when she was undemanding and playing quietly with her toys in the crib. The father was uncomfortable holding the baby and tended to put her in front of the television set when he was taking care of her. It was not until the social worker made a home visit that it became clear that the parents talked little with each other or with their daughter. After the evaluation was completed, a program of counselling by the social worker was begun. Over the next two years the little girl gradually reassured everyone about her normal development. Her slight lag in speech was overcome as the parents were helped to understand their fears about their low birth-weight baby and how to enjoy their daughter and parenthood. Periodically, at times of normal developmental crises, the parents sought out the same social worker who had helped them clarify their apprehensions and find a parental

"posture" that was comfortable, and that served their daughter's continuing growth and development.

Thus the care of children can be viewed largely as a matter of parents' dosing the nurturance, the stimulation, and the frustration that their children will receive. A closer consideration of environmental risk and of parental nurturance is useful at every phase of development. The human child is born helpless and perishes if he or she is not nourished, protected, soothed, and stimulated by an older person capable of providing such care on a continuing basis. What begins as a biological helplessness leads to social and psychological attachment as a result of the interaction of the infant and maternal person or persons. The infant progresses from biological dependency to psychological and social attachment in which the child craves affection, approval, and predictable, dependable responses from the caretaking adults. This craving, or "social addiction," is the "stuff" out of which social development emerges as a result of positive and negative identifications. Through these close relationships, the child acquires and internalizes parental attitudes and expectations. These identifications are the core of the unique personality of each child. In speaking of young childrens' needs and rights, we should keep in mind the following concepts of risk and vulnerability. The work of Klaus & Kennell (1976) has demonstrated that a mother who is deprived of contacting and caring for her child in the newborn period is at risk of losing the optimal capacity to form a conflict-free primary attachment to her newborn child. This can happen if the child is vulnerable due to prematurity, as reflected in low birth-weight or/and as reflected in immature

adaptative capacities. Or it can happen when the mother is unable to take care of her baby due to obstetrical complications such as a disabling infection or a post-partum depression. Thus, in one instance the baby's vulnerability interferes with a closeness of attachment at an optimal time; in the other instance the mother's disability (vulnerability) creates a high-risk environment for the newborn.

As Murphy (1976) has put it: "Few are so robust as to be free from some zone of vulnerability... Most children have a checkerboard of strengths and weaknesses, or an 'Achilles heel' or a cluster of tendencies that interact in such a way as to produce one or another pattern of vulnerability as well as strength." At the same time, children's development can best be understood in the crucible of parent-child interaction. In this connection, it is useful to refer to Hartmann's (1958) concepts of the "average expectable environment".

Children's Needs and Rights in the Context of Low-Income Single Working Parents Who Require Substitute Care For Their Infants

In speaking of infants' needs and rights, we should keep in mind Donald Winnicott's admonishment that you cannot speak of an infant without also speaking of his parents, especially his mother. In seeking to provide guidelines for a low-income single working parent who needs substitute care, we become aware that the disagreements about the design and interpretation of new research about infants and their care is

healthy for the sciences and the scientists involved in infant research; but is it good for the infants? Such honest, useful disagreements, the stuff of which good science is made and from which it progresses, have been associated with a lowering of standards in the U.S., and perhaps in Israel, for what constitutes adequate infant care. In fact, whenever there is controversy about children's needs, even wholesome disagreements, there is a tendency for adults to use lower or minimal standards rather than to err on the side of better-than-needed care.

For example, over the past 30 years prominent researchers have disagreed about what constitutes the conditions necessary to assure normal or healthy infants of a sound, balanced, progressive development (i.e., realizing their full biological and socio-psychological potential) (Goldstein, Freud & Solnit, 1979).

One group (M. Rutter, J. Kagan, A. & A.C.B. Clarke, B. Tizard, R. Kearsley & P. Zelazo) have emphasized the resilience of cognitive functions, claiming that intellectual performance is relatively resistant to differing social environmental stimuli and deprivation in early childhood. Building their theory of child development, not on emotional but mainly on cognitive or group social assessments, they question the risk or detrimental impact on a young child of an infant day-care program in which mother and infant are separated 8-12 hours a day. They rely on, and have findings that they feel confirm, the resilience of cognitive function as evidence of the child's well-being. They put little emphasis, if any, on what effect such separation has on the mother's capacity for relating to and taking care of the

infant. This factor has been emphasized -- some workers think it has been over-emphasized -- by Klaus and Kennell (1976).

A second group (J. Piaget, A. Freud, E. Erikson, S. Provence, J. Bowlby, D.G. Prugh, L.J. Yarrow, C.M. Heinicke, J. Robertsons et al.) have disagreed with the above group. They point out that psychoanalytic theory and Piaget's work on cognitive development recognize that maturational capacities and socializing environmental experiences are dynamically involved in the child's developmental capabilities and progression; and that our limited ability to make long-range predictions contradicts the assumption of the first group that we can make estimates about long-term resilience based mainly on cognitive assessments. Such an assumption, according to the second group (Piaget, et al.), ignores the complexities of the interactions of nature and nurture, and artificially reduces social, emotional and intellectual functioning to that in which cognitive measures are the main index of sound development. This second group points out that the first group's assumption is not only artificially reductionist but that it has led to unrealistic expectations that the child's cognitive resilience will protect him or her from, and enable him or her to overcome, earlier environmental deprivations, disruptions and losses. Such a misplaced emphasis on how resilient the child can be has encouraged parents and policy makers to be too undemanding about standards of day care or alternate arrangements for infants and young children.

Infant Day Care

From evaluative reports (see Provence & Naylor, 1983), we assume that better-trained, better-paid people are more likely to do a better job in providing substitute care for infants, especially if the ratio is 1:3, than uneducated, untrained personnel who are at the lowest rung of our pay ladder and whose ratio to infants is 1:8 or 1:10. We also assume from research findings (Klaus & Kennel, 1976) that mothers have difficulty maintaining their attachment behavior and development if they see and care for their infant only a few hours a week.

Finally, in this connection, there is a value preference that one hour of bad, depriving care or neglect is as unacceptable for an infant as it is for an adult.

Similar productive controversies can be found in new research about accidents, the boundaries, definition and impact of emotional neglect, sexual seduction, abuse and incest and the psychological significance and consequences of out-of-wedlock teenage pregnancies.

Discussion

Another aspect of the review of "Childrens' Needs and Rights in the Light of New Research" requires us to combine Child Development Research with research into history and the law as it affects children and their families. In the past 400 years, our manifest view has moved from that of children as a possession of their parents to that of children as a "cherished" group within our society.

It has been a long, tortured road from "child as chattel" to "child as cherished person" and from "parent as owner of the child" to "parent as nurturer and protector". For the children, parents represent both the law and a buffer to the child's contact with the legal aspects of his community's social standards. Thus, parents also represent a set of requirements and attitudes toward other persons and work with which the child can identify.

The parents' right to be advocates of their children was associated at times with absolute power over their children. However, starting in the early 1800's in the United States, and many other nations, the State, acting in the role of parens patriae, began to limit parental power in certain areas in which the interests of children and society were believed to need protection or preference. As stated in a recent study at the Yale Child Study Center by Gaballe (1976):

> "For example, the enactment of compulsory education laws limited the parents' previously boundless power to determine the manner of their child's education by eliminating the option 'no education'. 'The child is not the mere creature of the State; those who nurture him and direct his destiny have the right, coupled with the high duty, to recognize and prepare him for additional obligations' (Pierce vs. Society of Sisters, 268 U.S. 510, 535, 1925). The parents' right to the child's services and earnings was limited by the enactment of the child labor laws. In Prince vs. Massachusetts, the Supreme Court stated: 'But the family itself is not beyond regulation in the public interest... Acting to guard the general interest in

> youth's well-being, the state as parens patriae may restrict the parent's control by requiring school attendance, regulating or prohibiting the child's labor and in many other ways' (321 U.S. 158, 166, 1944). Child abuse legislation -- designed to punish offending parents and protect victimized children -- was enacted to try to curtail the more extreme methods of parental discipline [punishment] (see, e.g., Connecticut Gen. Stat. Rev. pp. 17-38-38a, et seg., 1975). Courts ordered life-saving medical treatments over the religious objections of parents despite the traditional parental prerogative to determine what type of medical care children shall receive (see Annot., 30 A.L.R. 2d 1137, 1953)."

With rare exception, the principle of best interests of the child is written into law, although there is often a disagreement about what constitutes best interests. The most frequently occurring factor that obscures best interests is what can be termed fairness to adults. The witting or unwitting efforts of most adults to place fairness for the contending adults betore the best interests of the child are inherent in this controversial area.

This issue can be substantially clarified by making explicit what the guiding values are in establishing a hierarchy of children's and adults' priorities. For this purpose, two value preferences are assumed to assure a harmony between childrens' needs and rights:

1. There should be a minimum of intrusion by the State into the privacy of the family, maximizing the parents' autonomy and strengthening the integrity of the family.

2. Once the family's privacy is breached because the parents fail in their roles, and there is a conflict between a child's best interests and fairness for the interested adults, the child's interests shall be paramount.

Another complicating factor arises when there is an apparent contradiction between the child's needs and the child's rights. It is essential for child experts to formulate the rights and needs of children in a manner in which children's rights are consistent with and respectful of children's needs. These formulations should be embedded in our concept of childhood.

To assume that professionals who are concerned with the care of children will support and be guided by the child's best interests is consistent with the expectation that in the intact family such experts will support the autonomy of parents and the integrity of the family. Their ethical code and professional training should enable clinical child experts and law experts to respect the rights of parents to develop their own style of child rearing and family living, no matter what the professional's preferred life style is. However, research has repeatedly demonstrated that if blood ties are not replaced by psychological ties to a primary, concerned, loving parent, the child can be damaged.

Thus, in examining how children's needs and rights can be most finely tuned, it is assumed that, "So long as the child is part of a viable family, his own interests are merged with those of other members. Only after the family fails in its functions should the child's interests become a matter for State intrusion" (Goldstein, Freud & Solnit, 1979). In this formulation, children's needs, rights, and best interests

are brought together into a constructive, useful synthesis that also reflects democratic values and our best theoretical knowledge.

Children's rights are those privileges and assurances guaranteed to them by societal agreement, either through custom or through law. By comparison, a child's needs are provided for by adults intuitively or from their training or prior experience in caring for children. Adult caregivers organize and shape the child's social environment, usually guided by what they believe to be and select as, those conditions that are most supportive of healthy development. These conditions are selected according to the child's potential and according to those capacities, attitudes and values most cherished by a particular family and society. This formulation also takes into account the various outcomes that represent the differing subcultures, communities, and regions in a given society.

There is a shift of needs, capacities, and tolerances along the developmental continuum from infancy to adolescence. This can be observed as the child moves from relative helplessness and dependency to an increasing capacity for self-starting initiatives and independence.

Children need the insulating, protecting, decision-making authority of nurturing parents who do not abandon them to their "rights." In a condensed way, this is a precautionary note that children's needs for affectionate care, protection, and guidance by autonomous parents continue, but to a decreasing extent, until they reach adulthood, when they are assumed to be capable of taking their own risks. That is, normatively, as the child matures, his preferences are

increasingly taken into account by the adult decision-maker, the parent. Thus, children's rights, especially in the younger years, are subsumed under their needs to have constant, care-taking adults, usually their biological parents, who become their psychological parents. It is they who determine how their children's needs are best met in the context of a family whose integrity is assured by the relatively autonomous authority of these parents.

This view brings children's rights and needs into a harmonious relationship by indicating what is most important for children and how needs and rights change over time from infancy to adolescence. However, if parents are disqualified or disqualify themselves from taking care of their children, then the State intervenes to guarantee children the rights that our society has implicitly or explicitly provided for them. Such an assurance of rights implies that there is a tendency to put rights before their needs rather than to orchestrate or balance them, as happens more naturally, easily and spontaneously when children grow up and live out their childhood in their biological family with their original parents.

Conclusions

In acting as advocates for the best interests of children, child experts and researchers have major recurring difficulties. As adults they find it more natural to identify with other adults than to maintain a sustained, at times painful, identification with children, especially the younger

ones. Even experienced child clinicians, with a well exercised capacity for introspection and self-awareness, are expected to be able to recognize and minimize this risk notably when there is a tug-of-war between best interests of children and fairness to adults. An unrelenting vigilance is necessary to avoid slipping into the all-too-natural identification with the involved adults when child experts let go of the difficult, at times threatening, identification with younger children.

Secondly, in the light of new research there is a tendency to avoid the true reality. It is difficult, often painfully so, for experts to settle for the alternative conditions that are acceptable for children whose care has been disrupted or broken off. Without realizing it, the professional often couches his recommendations in terms that imply the long-term hope that better services or placements might become available if planning and decisions are postponed or kept indefinite. Even with experience and practice it is often difficult to accept that the least disadvantaged placement now for the child is less harmful than waiting for an uncertain, better alternative to become available at some indefinite time in the future.

There is always the risk of experts being, with or without controversy, either too dogmatic or not clear enough in their assertions, including the limits of what their research demonstrates or questions. Similar risks can be formulated about experts being too involved or not involved enough; of promising too much or offering too little hope; of doing too little or doing too much; and especially of letting

the clock run because we've got too many other commitments to children who can't wait.

Each of these conflicts and dilemmas tends to discourage warmth, involvement and availability by experts who attempt to apply new research findings or to improve social policies with regard to children's services. Since our concern for warmth and sensitivity, and our fear of losing the "humanity" that is essential to good work with children and their families, is focused on children's needs, it is clear that we have a strong tendency as adults to avoid a sustained identification with children, especially in attending to children's rights and needs in connection with new research findings. In this way new research may not succeed in influencing ways by which the child's needs are met. Thus, in subtle and disguised ways, despite new research findings, and even despite our improved knowledge and know-how, we may fail to achieve the child's best interests.

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